

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Re. Appln.: Carl A. Caspers and Maitland C. MacKenzie  
Serial No.: Not Yet Assigned  
Filed: March 4, 2002  
For: PLATE/SOCKET ATTACHMENT FOR ARTIFICIAL LIMB VACUUM PUMP  
Attorney Docket No.: 33062.PM15891  
Attorney: Gerald E. Helget  
Additional Fees: Charge to Deposit Account No. 023732

BOX PATENT APPLICATION  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

**TRANSMITTAL COVER LETTER**

Enclosed for filing, please find the following:

ET 086350978 US

1. Utility Patent Application Transmittal;
2. Fee Transmittal for FY 2002;
3. Specification, Claims and Abstract (28 pages);
4. Fourteen Sheets of Drawings (14 pages);
5. Declaration for Utility or Design Patent Application;
6. Check in the amount of \$355.00 for filing fees; and
7. Postcard Receipt.

Respectfully submitted,

Dated: March 4, 2002

By Gerald E. Helget  
Gerald E. Helget (Reg. No. 30,948)  
Nelson Capes (Reg. No. 37,106)  
BRIGGS AND MORGAN  
2400 IDS Center  
80 South Eighth Street  
Minneapolis, MN 55402  
Telephone: (612) 334-8480

**CERTIFICATE OF MAILING**

I hereby certify that this document, along with the documents referenced above, are being deposited with the United States Postal Service as First Class Mail, in a envelope addressed to: BOX PATENT APPLICATION Assistant Commissioner for Patents Washington, D.C. 20231, on the date indicated below.

By: Gerald E. Helget  
Date: 4 MAR '02

Inventor: Carl A. Caspers  
Address: 33346 Shorewood Drive  
Avon, Minnesota 56310  
Citizenship: United States of America

Inventor: Maitland C. MacKenzie  
Address: 101 5<sup>th</sup> Avenue South  
Sauk Rapids, Minnesota 56379  
Citizenship: Canada

Invention: PLATE/SOCKET ATTACHMENT FOR ARTIFICIAL  
LIMB VACUUM PUMP

40853-1-250507

3-6-02

A

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.	33062.PM15891
First Inventor	Carl A. Caspers
Title	PLATE/SOCKET ATTACHMENT FOR ARTIFICIAL LUMB VACUUM PUMP
Express Mail Label No.	ET086350978US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification (Total Pages )  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) (Total Sheets )
5. Oath or Declaration (Total Pages )
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Transmittal Cover Letter and Certificate of Express Mailing

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an **Application Data Sheet** under 37 CFR 1.76:☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP)of prior application No: 09 / 785,714

Prior application information: Examiner \_\_\_\_\_

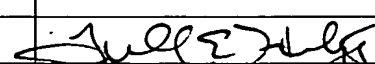
Group / Art Unit: \_\_\_\_\_

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Gerald E. Helget				
Address	2400 IDS Center 80 South Eighth Street				
City	Minneapolis	State	MN	Zip Code	55402
Country	USA	Telephone	612-334-8480	Fax	612-334-8650

Name (Print/Type)	Gerald E. Helget	Registration No. (Attorney/Agent)	30,948
Signature		Date	March 4, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

J1165 U.S. PTO  
03/04/02J11002 U.S. PTO  
10/090971

03/04/02

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2002</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		<p style="margin: 0; font-size: small;"><b>Complete if Known</b></p>											
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td>March 4, 2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Carl A. Caspers</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> </table>		Application Number		Filing Date	March 4, 2002	First Named Inventor	Carl A. Caspers	Examiner Name		Group / Art Unit	
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<p><input checked="" type="checkbox"/> Check   <input type="checkbox"/> Credit card   <input type="checkbox"/> Money Order   <input type="checkbox"/> Other   <input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Deposit Account Number</td> <td style="width: 50%;">023732</td> </tr> <tr> <td>Deposit Account Name</td> <td>Briggs and Morgan</td> </tr> </table> <p style="font-size: x-small;">The Commissioner is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below   <input type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>					Deposit Account Number	023732	Deposit Account Name	Briggs and Morgan	<p><b>3. 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<p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>355</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6">SUBTOTAL (1) (\$) 355</td></tr> </tbody> </table>					Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	101	740	201	370	Utility filing fee	355	106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1) (\$) 355						<p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Claims</td> <td>15</td> <td>** =</td> <td>15</td> <td>X</td> <td>Fee from below</td> <td>=</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>** =</td> <td>2</td> <td>X</td> <td>Fee from below</td> <td>=</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td>Fee from below</td> <td>=</td> <td>0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6">SUBTOTAL (2) (\$) 0</td></tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>					Total Claims	15	** =	15	X	Fee from below	=	0	Independent Claims	2	** =	2	X	Fee from below	=	0	Multiple Dependent				X	Fee from below	=	0	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2) (\$) 0																																																																																			
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<p style="margin: 0; font-size: small;"><b>SUBMITTED BY</b></p>				<p style="margin: 0; font-size: small;"><b>Complete (if applicable)</b></p>	
Name (Print/Type)	Gerald E. Helget	Registration No. Attorney/Agent)	30,948	Telephone	612-334-8480
Signature				Date	March 4, 2002

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